U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 5689	2. Fiscal Year Covered From:	
	0/ / 0/ / 2005 Through: 12 / 3/ / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name GERALD W CONNOLLY	Name BOILERMAKERS LOCAL LODGE NO. 5	
-	Labor Organization File Number 058-507	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
	41/2011	
Street 103 TAFT AVENUE	Street 24 VAN SICLEN AVENUE	
City LONG BEACH	City FLORAL PARK	
State NEW YORK ZIP Code + 4 1/56/	State	
5. Position in labor organization. BUSINESS MANAGER / SE	CREMBY-TREASURER	
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with or	terived income or other economic benefit of	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
F.O. DOX, Blug., ROUTH NO., II ally	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Bush W. Connolly	on 3/16/06 676) 432-2794	
.4		

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	*	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BOILERMAKERS NATIONAL PENSION TRUST	TRUSTEE OF BOILERMAKONS NATIONAL	
Trade Name, if any:	PENSION TRUST FUND	
P.O. Box, Bldg., Room No., if any SUITE 522		
Street 754 MINNESOTA AVENUE	11.b. Approximate dollar value of such dealing. #6, 700, 000, 000	
Chi Kenisae Cari	12.a. Nature of interest held or income received.	
State	PENSION TRUST FUND MEETING	
	IN DENVER COLORADO	
	AEMBURSEMONT FOR TRAVEL AND DAILY EXPLANSES	
	SEPTEMBER 2008	
	12.b. Amount. #1, 469.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing GERALD W. CONNOLLY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name BOLLERMHUMS NATIONAL PENSION TRUST	TRUSTEE OF BOILDMAKERS NOTIONAL
Trade Name, if any:	PENSION TRUST FUND
P.O. Box, Bldg., Room No., if any	
Street 754 MINNESOTA AVENUE	11.b. Approximate dollar value of such dealing.
City KANSAS CITY	12.a. Nature of interest held or income received.
State KANSAS ZIP Code + 4 66101	PONSION TRUST FUND MEETING
	IN MAU'I, HAWAII
	AEMBURSEMENT FOR TRAVEL AND
:	DAILY EXPENSES
	JANUARY 2005
	12.b. Amount. #1, 494. 56
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Pilling GENHU W. CONNOLLY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name BOLLERMAKENS NATIONAL PENSION TRUST	TRUSTEE OF BOILERMAKERS NATIONAL
Trade Name, if any:	PENSION TRUST FUND
P.O. Box, Bldg., Room No., if any SUITE 522	
Street 754 MINNESOTA AVENUE	11.b. Approximate dollar value of such dealing. #6,700,000,000
city KANSAS CITY	12.a. Nature of interest held or income received.
State KANSAS ZIP Code + 4 66101	PENSION TRUST FUND MEETING IN LAKE TAHOE, CHLIFORNIA BEIMBURSEMENT FOR TRAVEL AND DAILY EXPENSES VUNE 2005
	12.b. Amount. #1, 345- 81
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing GERALD W. CONNOLLY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	[]
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	· -
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name BOILERMAKERS NATIONAL PENSION TRUST	TRUSTEE BOILDLIMAKENS NATIONAL
Trade Name, if any:	PENSION TRUST FUND.
P.O. Box, Bidg., Room No., if any SUITE 522	
Street 754 MINNESOTA AVENUE	11.b. Approximate dollar value of such dealing. #6, 700, 000, 000
City KANSAS CITY	12.a. Nature of interest held or income received.
State KANSAS ZIP Code + 4 66/01	INFORMATION AND TECHNOLOGY SUBCOMMITTED
	MTG IN KANSAS CITY OFFICE.
:	AUGUST, 2005
	12.b. Amount. \$588.76
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing GERALD W. CONNOLLY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street	. Limpoyer	
City		
State ZIP Code + 4	, •	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BOILERMAKENS NATIONAL PENSION TRUST	TRUSTEE BOILERMAKERS NATIONAL	
CONTENTATES NATIONAL POUNDS INVST	PENSION TRUST	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any SUITE 522		
Street 754 MINNESOTA AVENUE	11.b. Approximate dollar value of such dealing. #6,700.000.000	
city KANSAS CITY	12.a. Nature of interest held or income received.	
State KANSAS ZIP Code + 4 66/0/	ATTEND INTERNATIONAL FOUNDATION	
	ANNUAL CONFORENCE IN HONOLULU, HI.	
	November 2005	
	,	
	12.b, Amount. [42.939 - 83]	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
	1 1	
City		
State ZIP Code + 4		